

INTERPRETER OR CLIENT SUPPORT PERSON PLAN

If an interpreter or client support person must be present to support a client during psilocybin services, a client and facilitator must meet with the interpreter or client support person prior to beginning the administration session pursuant to OAR 333-333-5070.

During the preparation session, a client and facilitator must work with the interpreter or client support person to complete this form. Information provided by the client, including but not limited to the Client Information Form, will inform the client's interpretation and client support person needs.

What is a client support person?

Client support person means a person who will be present during a client's administration session for any of the following purposes:

- Assist with administering medication to a client
- Provide medical device assistance to a client
- Assist client with catheter, ostomy, or toileting assistance, ambulation, or transfer mobility support
- Assist client with the client's alternative communication device support or assistive listening device support during the administration session.
- Assist client consume psilocybin products
- Observers who are present at clients' request and with facilitator and service center's consent.

Important Reminders:

- Interpreters and client support persons shall perform only those activities identified in the written support person plan
- Interpreters and client support persons are prohibited from touching clients except as required to perform activities identified in the written support person plan. Client support persons acting as observers are limited to giving hugs, or placing hands on a client's hands, feet or shoulders.
- During the preparation session a facilitator must provide an interpreter and/or client support person(s) with a copy of the Client Bill of Rights and answer any questions they may have
- A licensee representative of a service center may not assist a client with any of the activities required to be performed by a client support person
- Clients who will participate in a group administration session must have the opportunity to meet other clients and any interpreters or client support person(s) who will assist clients during the group administration session prior to the session commencing

An additional form should be used if more than one interpreter or client support person is required for assistance during an administration session.

Client Name

Facilitator Name

Name of Client Support Person acting as an observer.

Name of Interpreter or Client Support Person providing assistance to a client during an administration session and the type of assistance they will provide.

Please describe the specific purpose for which the interpreter or client support person will be providing assistance to a client during an administration session. Please identify any medications or medical devices that the client will utilize during the administration session.

Please describe whether the interpreter or client support person will be present in the administration area for the duration of the administration session or whether they will be available as needed.

By signing this form, you understand and agree to the following statements:

- Interpreters and client support persons will be present for the specific purposes described in this support person plan and shall not provide psilocybin services nor interfere or otherwise participate in the administration session.
- Interpreters and client support persons must comply with the facilitator's reasonable directions during an administration session. Facilitators may request that client support persons acting as observers leave the administration session at any time.
- Interpreters and client support persons shall not share or disclose any information regarding clients' participation in psilocybin services.

Please indicate your role(s): ☐ Interpreter
☐ Client Support Person providing assistance
☐ Client Support Person acting as an observer

Printed Name:

Signature: _____ Date: _____

By signing this form, I authorize the interpreter and/or client support person named in this form to perform the duties described in this form.

Client Printed Name:

Client Signature: _____ Date: _____